



**Commonwealth of Massachusetts  
Department of Fire Services**

**BOARD OF FIRE PREVENTION REGULATIONS**

Official Use Only

Permit No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: \_\_\_\_\_

City or Town of: **Freetown**

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner's Address \_\_\_\_\_

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building \_\_\_\_\_ Utility Authorization No. \_\_\_\_\_

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts Overhead ☐ Undgrd ☐ No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts Overhead ☐ Undgrd ☐ No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work: \_\_\_\_\_

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Attach additional detail if desired, or as required by the Inspector of Wires.

**INSURANCE COVERAGE:** Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify: \_\_\_\_\_) (Expiration Date) \_\_\_\_\_

Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy.)

Work to Start: \_\_\_\_\_ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

*I certify, under the pains and penalties of perjury, that the information on this application is true and complete.*

FIRM NAME: \_\_\_\_\_ LIC. NO.: A: \_\_\_\_\_

Licensee: \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO.: E: \_\_\_\_\_

(If applicable, enter "exempt" in the license number line.)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_

**OWNER'S INSURANCE WAIVER:** I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance on File: \_\_\_\_\_ Will Fax: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_